## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name CULTIVATOR COFFEE  Address 1415 E. SPRING ST, NEW ALBANY IN 47150						Telephone Number 502-202-5756	Date of Inspection 12/23/2021	ID#
Owner						Purpose X Routine	Follow Up	<b>Released</b> 01/02/2021
Owner's Address ,  Person in Charge JOHN DUNN						Follow-up Complaint Pre-Operational		
Responsible Person's Email						Temporary HACCP	Menu Type 1 X 2 3 _	4 _ 5 _
Certified Food Handler JONATHAN DUNN						Other (list)		
			AND NARRATIVE COLUMN		AND IN THE N	ARRAIVE COLUMN MARKED AS "R"		
Section #	C NC	C NC R Narrative					To Be Corrected	
431 433	X X	X				ront counter near wall. nethod for hanging mop.	2 days 2 days	
Summary of V	iolations  ame and title pr			2 R 1		nspected by (name and title	printed):	
						Thomas Snider CFS		
Received by (signature):					I	Inspected by (signature):  Thomas Snider		
cc:				cc:			cc:	